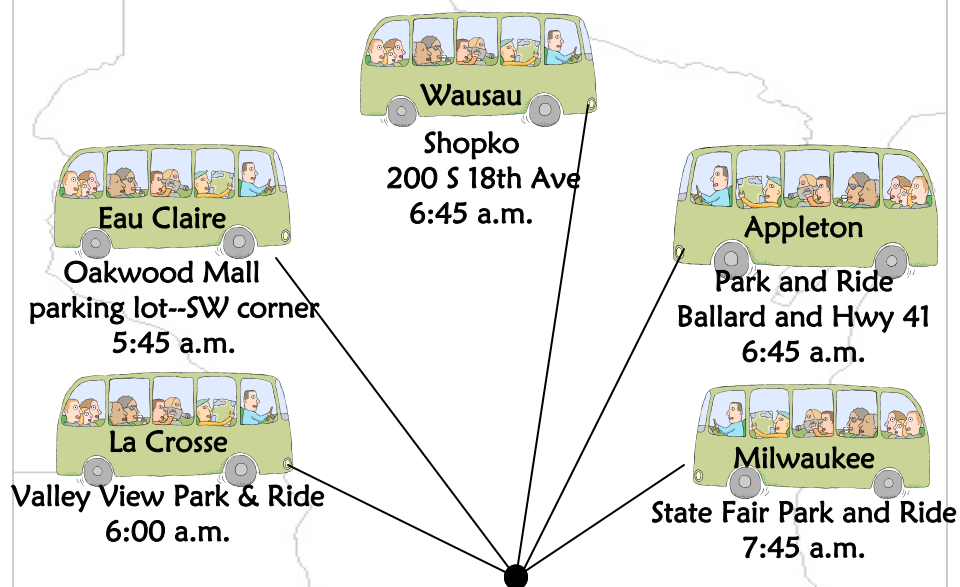


Bus Pick Up/Drop off Information



Boarding time for departure from Madison is 8:00 p.m. for all buses.

Same day bus service will be available on a first come first serve basis with registration.

Special accommodations needed (check all that apply):

- ☐ CART
- ☐ Voice Interpreting
- ☐ Tactile/Closed Vision Interpreting
- ☐ Assistive Listening Device (ALD)
- ☐ Large printed materials
- ☐ Other _____

All requests must be made by August 29th, 2005

ON THE ROAD TO A HEALTHY FUTURE

Live Long and Strong
for Wisconsin Deaf and Hard of Hearing Community

Monday, September 19, 2005

8 a.m. to 8 p.m.

\$25.00 per person



Workshops

at the

Marriott Madison West Hotel
1313 John Q Hammons Drive
Middleton, WI 53562
608-831-2000

Goodies

Special
Guests

Booths

Deaf
Presenters

DHFS.Wisconsin.Gov/Sensory

Sponsored by:
Department of Health and Family Services
Division of Disability and Elder Services
Office for the Deaf and Hard of Hearing

Lunch & Dinner
Included

Special Keynote Speaker



Gertrude
Galloway

Current President, Deaf Seniors of America
Former NAD President, 1980-1982
Former Superintendent of New Jersey School for
the Deaf (1991-1999)

CONFERENCE INCLUDES:

- ♦ Workshops
- ♦ Exhibits
- ♦ Lunch
- ♦ Dinner
- ♦ Morning and afternoon breaks
- ♦ Buses at designated areas (if you choose to ride on bus, see back for more information)

TENTATIVE WORKSHOPS

- ♦ Mental Health
- ♦ Sexuality for Seniors
- ♦ Legal Issues
- ♦ Dog's Best Friend
- ♦ Cardiovascular Health
- ♦ Others

HOTEL INFORMATION

If you would like to stay overnight, please make your reservation by calling 608-831-2000.

Driving directions: Hotel is located just off on hwy 12/18. Exit 252 onto Greenway Blvd (West), then left onto John Q. Hammonds Drive.

<http://www.marriottmadisonwest.com/>

HOW TO REGISTER:

Complete the following registration form and make a check or a money order payable to ODHH (\$25 per person).
Mail the registration and money to:

ODHH, Health Conference
PO Box 7851, Rm 451
Madison WI 53707-7851

Questions? DishnKL@dhfs.state.wi.us
VP: 608-266-0000 or IP: 69.217.147.20
866-701-1255 TTY

Registration Deadline: Monday, August 29th, 2005

Registration Form

Name: _____

2nd Person's Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Bus: Yes No

Location (Circle One):

Milwaukee, La Crosse, Eau Claire, Wausau, Appleton

Optional: Are you 55 or over? Yes or No